



# Artist in the Classroom

## Artist Feedback Form

### School Year 2015-2016

**Name:**

**Date:**

**Project Title:**

**School:**

**Classroom Teacher:**

**Grade:**

**Number of Students Served:**

1. Did the lesson integrate a state standard such as language arts, math, social studies, or science?

No ☐ Yes ☐ If yes, please select:

Arts ☐ Math ☐ Language Arts ☐ Social Studies ☐ Science ☐

How were academics integrated?

2. Please check the category that best describes the lesson and add comments.

Exceptional ☐ Successful ☐ Average ☐ Poor ☐

3. Describe the highlights of this lesson.

4. On a scale from 1 to 10, 10 being the highest, how actively engaged were the students?  
What could be improved for future lessons?

5. Please add a testimonial regarding your experience with the Artist in the Classroom program.